NEW CASTLE COUNTY BENEFICIARY INFORMATION

SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

List family members for non-housing programs, household members for housing programs.

This self-certification for income purposes should be used as a last resort only. Applicants should provide proof of income in accordance with New Castle County's three acceptable forms of income first (Part 5 Annual Income, Census Long Form Annual Income or IRS Form 1040). Head of Household must complete this entire form.

LISTING OF FAMILY/HOUSEHOLD MEMBERS -- *For each member over the age of 18, attach income documentation or a notarized letter certifying zero income.

NUMBER OF FAMILY/HOUSHOLD MEMBERS _____ * ANNUAL FAMILY/HOUSEHOLD INCOME _____
(members over age 18)

NAME _____ Check if over 18 ___ NAME _____ Check if over 18

NAME _____ Check if over 18 ___ NAME _____ Check if over 18

NAME _____ Check if over 18 ___ NAME _____ Check if over 18

NAME _____ Check if over 18 ___ NAME _____ Check if over 18

RACE AND ETHNICITY

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLEY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes. **Please check the appropriate boxes below: COMPLETE FOR HEAD OF HOUSEHOLD ONLY.**

Applicant:

Sex: ☐ Female ☐ Male

Ethnicity: (Select *only one*) This is a HUD requirement

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race: (Select *one*) This is a HUD requirement

☐ American Indian or Alaska Native

☐ Asian/Indian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Black or African American & White

☐ Balance Reporting More than One Race

Address:

_____

_____

_____

Agency: Remember to perform parcel search of address. www.nccde.org/parcelview

Female Head of Household: ☐ Yes ☐ No

Handicapped Status: ☐ Yes ☐ No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

_____ _____ _____

Signature of Applicant Printed Name of Applicant Date

For Office Use Only:

_____ 0% - <30% of median _____ 31% - <50% of median _____ 51% - <80% of median ___ Over 80% of median

Date of Income Guidelines Used _____